

UNITED STATES INTERNATIONAL TRADE COMMISSION

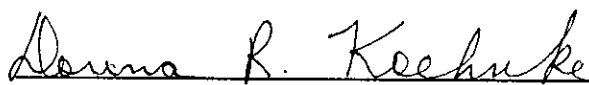
SUMMARY VOTING SHEET FOR RESPONSE ADEQUACY AND EXPEDITED OR FULL FIVE-YEAR REVIEW

| Subject | Reference Information | |
|---|-----------------------|------------|
| <i>Circular Welded Nonalloy Steel Pipe from Brazil: Investigation No. 731-TA-532 (Review)</i> | Control No. | INV-99-606 |

| Individual Responses (A = Adequate, I = Inadequate) | Bragg | Miller | Crawford | Hillman | Koplan | Askey | Commis- sion |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Domestic (U.S. Producers) | | | | | | | |
| Allied Tube and Conduit Corp. | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Century Tube Corp. | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| IPSCO Tubular | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| LTV Steel Tubular Products | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Maverick Tube Corp. | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Sawhill Tubular Div. (ARMCO) | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Sharon Tube | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Western Tube & Conduit Corp. | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Wheatland Tube | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| Group Responses (A = Adequate, I = Inadequate) | Bragg | Miller | Crawford | Hillman | Koplan | Askey | Commis- sion |
| DOMESTIC | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A | <input type="checkbox"/> A |
| RESPONDENT | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I | <input type="checkbox"/> I |

| Expedited or Full Review | Bragg | Miller | Crawford | Hillman | Koplan | Askey | Commis- sion |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| EXPEDITED: DOMESTIC GROUP INADEQUATE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EXPEDITED: RESPONDENT GROUP INADEQUATE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FULL | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X | <input checked="" type="checkbox"/> X |

SECRETARY'S CERTIFICATION OF COMMISSION ACTION

|  Secretary | Date |
|--|--------|
| | 8/5/99 |